

☐ ARNG ☐ USAR

USAREUR Overseas Deployment Training – Coordination Worksheet

FY05 – 3rd and 4th Quarters

1. Deploying Unit a. Mailing Address _____ _____ _____ b. Point of Contact _____ c. Tele DSN _____ d. Comm _____ e. FAX DSN _____ f. Comm _____ g. e-mail _____			3. Sponsor Unit a. Mailing Address _____ _____ _____ b. Point of Contact _____ c. Tele DSN _____ d. Comm _____ e. FAX DSN _____ f. Comm _____ g. e-mail _____			5. Certification Signatures a. Deploying Unit Representative (<i>Name, Rank, Position</i>) Printed: _____ Signature _____ b. Sponsor Unit Representative (<i>Name, Rank, Position</i>) Printed: _____ Signature _____ c. CONUSA Representative (<i>Name, Rank, Position</i>) Printed: _____ Signature _____ f. COMPO/AT Funding Representative (<i>Name, Rank, Position</i>) Printed: _____ Signature _____ e. Theater HQ ODT Representative (<i>Name, Rank, Position</i>) Printed: _____ Signature _____ f. FORSCOM Representative Printed: _____ Signature _____																																				
2. Deploying Unit's Higher Headquarters a. Point of Contact _____ b. Tele DSN _____ c. Comm _____ d. FAX DSN _____ e. Comm _____ f. e-mail _____			4. Sponsor Unit's Higher Headquarters a. Point of Contact _____ b. Tele DSN _____ c. Comm _____ d. FAX DSN _____ e. Comm _____ f. e-mail _____																																							
<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Line #</th><th style="text-align: left;">FR</th><th style="text-align: left;">Deploying Unit</th><th style="text-align: left;">UIC</th><th style="text-align: left;">CONUSA</th><th style="text-align: left;">State /RRC</th><th style="text-align: left;">COMPO</th><th style="text-align: left;">MRC</th><th style="text-align: left;">PAX</th><th style="text-align: left;">FC</th><th style="text-align: left;">EX</th><th style="text-align: left;">TC</th><th style="text-align: left;">Start Date</th><th style="text-align: left;">End Date</th><th style="text-align: left;">MSC/ MACOM</th><th style="text-align: left;">Sponsor Unit</th><th style="text-align: left;">Location</th></tr></thead><tbody><tr><td colspan="17" style="height: 200px;"></td></tr></tbody></table>									Line #	FR	Deploying Unit	UIC	CONUSA	State /RRC	COMPO	MRC	PAX	FC	EX	TC	Start Date	End Date	MSC/ MACOM	Sponsor Unit	Location																	
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6. Training a. Training Plan must be attached to this form. b. Primary training level: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Unit METL Training</div><div><input type="checkbox"/> Sub-Unit Collective Training</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Command and Staff Training</div><div><input type="checkbox"/> Individual Skills Training</div></div> c. Type of Unit Evaluation Required: <input type="checkbox"/> TAM <input type="checkbox"/> Letter d. Training Ammunition Required: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Training Ammunition Provided by Sponsor: <input type="checkbox"/> Yes <input type="checkbox"/> No f. All Training Aids/Material Provided by Sponsor Except: _____			7. Life Support (<i>If Government Rations & Quarters are Available, they must be used</i>) Note: RC soldiers are on AT status during ODT, Separates Rations are not applicable. a. Government Quarters Available are: <input type="checkbox"/> Barracks <input type="checkbox"/> Guest House b. Sponsor/facility Provided Linen: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Unit Must bring Sleeping Bags/Mats: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Female Quarters are Available: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Government Rations/Dining Facility are Available: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Weekend/Holiday Rations: <input type="checkbox"/> Local DFAC <input type="checkbox"/> Sponsor Contracted <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Transported to Remote DFAC</div><div><input type="checkbox"/> Sponsor Provided Per Diem</div></div> g. Sponsor will Provide Meal Cards <input type="checkbox"/> Yes <input type="checkbox"/> No h. Other Issues: _____			8. Logistics a. List Mission Essential Tools/Equipment: _____ Provided by Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Provided by Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Provided by Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Provided by Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Provided by Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No b. Excess Baggage funded by: <input type="checkbox"/> MSC/Sponsor <input type="checkbox"/> ODT Unit <input type="checkbox"/> JCTP																																				

9. Transportation

a. All transportation provided by sponsor except as noted:

b. Rental Car authorized: ☐ Yes ☐ No

c. Unit to Provide Licensed Drivers: ☐ Yes ☐ No

d. Unit to Draw Military Vehicles: ☐ Yes ☐ No

Type Vehicle	# Of Drivers
_____	_____
_____	_____
_____	_____
_____	_____

e. Winter Driver Certification required: ☐ Yes ☐ No

f. Sponsor preferred point of entry: _____

g. Unit to provide itinerary info to Sponsor NLT: _____

(Date (s))

10. Security of Equipment

a. Unit is responsible for security of all personal and unit equipment. Individuals must bring locks to secure personal equipment. Duffel bags are required to secure personal equipment except as noted below: _____

b. Wall Lockers are Available ☐ Yes ☐ No

c. Foot Lockers are Available ☐ Yes ☐ No

11. Uniforms

a. All personnel must bring the complete Army Physical Training Uniform and issue wet weather clothing.

b. Check all that apply:

<input type="checkbox"/> BDU	<input type="checkbox"/> Class A
<input type="checkbox"/> Cold Weather	<input type="checkbox"/> Class B
<input type="checkbox"/> Other (<i>list below</i>):	

12. Security Clearances *(Check if Required)*

a. Level Position(s)

☐ C ☐ S ☐ TS ☐ All personnel on mission ☐ None

☐ C ☐ S ☐ TS _____

☐ C ☐ S ☐ TS _____

☐ C ☐ S ☐ TS _____

☐ C ☐ S ☐ TS _____

☐ C ☐ S ☐ TS _____

b. Sponsor will be provided clearance certification

NLT: No Later than 30 days
Prior to Deployment

13. Personal/Field Equipment *(Check if Required)*

a. ☐ Field Uniform (LBE/Helmet)

b. ☐ MOPP (Chemical Protective Equipment)

c. ☐ Protective Mask ☐ M17 ☐ M40

d. ☐ Weapons: ☐ M9 ☐ M16A1/2 ☐ M249 ☐ M60
☐ Other: _____

e. Night Vision: ☐ PVS4 ☐ PVS5 ☐ PVS6 ☐ PVS7
☐ Other: _____

f. Sponsor will provide:

☐ Secure storage area for Weapons

☐ Secure storage area for Night Vision

☐ Weapons storage racks for:
☐ M9 ☐ M16A1/2 ☐ M203 ☐ M249 ☐ M60
☐ Other: _____

15. Unit Representative (s):
Signature: _____
Printed Name, Rank, Title: _____
Date: _____

16. Major Subordinate Command (MSC) ODT Manager:
Signature: _____
Printed Name, Rank, Title: _____
Date: _____

17. Sponsor Representative (s):
Signature: _____
Printed Name, Rank, Title: _____
Date: _____